## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: KINNIC FALLS ALCOHOL DRUG SERVS INC (0008581)

Address: 900 SOUTH ORANGE STREET, RIVER FALLS, WI 54022

**License Status: REGULAR** 

Licensed/Certified/Registered 12/31/1981

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History	v	tor	ist	H	vev	Sur	
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Survey ID: 0096250 End Date: 01/11/2006 Type: ABBREVIATED Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094348 End Date: 02/23/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009731 Served 03/21/2005

	<u>Compliance</u>	
Subject Area	<u>Veri fied</u>	Corrected
CLIENT RELATED TRAINING	04/14/2005	Yes
FIRE SAFETY, FIRST AID & CHOKING	05/13/2005	Yes
CONTINUING EDUCATION	04/14/2005	Yes
PRACTITIONER'S WRITTEN ORDER FOR MEDS	03/23/2005	Yes
PROOF-OF-USE RECORD AUDITED DAILY	03/23/2005	Yes
SLEEPING HOURS EVACUATION DRILL	03/23/2005	Yes
	CLIENT RELATED TRAINING FIRE SAFETY, FIRST AID & CHOKING CONTINUING EDUCATION PRACTITIONER'S WRITTEN ORDER FOR MEDS PROOF-OF-USE RECORD AUDITED DAILY	Subject AreaVerifiedCLIENT RELATED TRAINING04/14/2005FIRE SAFETY, FIRST AID & CHOKING05/13/2005CONTINUING EDUCATION04/14/2005PRACTITIONER'S WRITTEN ORDER FOR MEDS03/23/2005PROOF-OF-USE RECORD AUDITED DAILY03/23/2005

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0091871 End Date: 01/14/2004 Type: ABBREVIATED Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10006310 Served 01/26/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/01/2004	Yes
83.14(7)(b)	CONTINUING EDUCATION		
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY	03/01/2004	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	02/01/2004	Yes
83.53(1)(e)1	EXIT SIZE		

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# **Enforcement History**

Date: 03/18/2005 SOD #10009731 Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.33(3)(a)1

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